REMARKS

Applicants have carefully reviewed the Office Action mailed May 7, 2007 prior to preparing this response. Currently claims 1-11 and 33-38 are pending in the application, wherein claims 1-11 and 33-38 have been rejected. Claims 1, 6, 11 and 33 have been amended with this paper. No new matter has been added. Support for the amendments may be found, for example, in the specification at page 6, lines 7-9; and in FIGS. 7-9. Favorable consideration of the above amendments and following remarks is respectfully requested.

Claims 1-11 and 33-38 stand rejected under 35 U.S.C. §102(b) as being anticipated by Dobak, III et al. (U.S. Patent No. 6,245,095, hereinafter "Dobak"). Applicants respectfully traverse the rejection.

Claim 1 recites:

A medical device, comprising:

an elongate core member having a longitudinal axis, the core member includes a solid cross-sectional portion having a solid cross-section taken perpendicular to the longitudinal axis;

a polymer jacket disposed over at least a portion of the solid cross-sectional portion of the core member, the polymer jacket having a textured outer surface; and

wherein the textured outer surface is defined by a helical groove formed in the outer surface of the polymer jacket.

Applicants respectfully assert Dobak fails to anticipate this claim. Namely, Dobak fails to teach an elongate core member having a solid cross-section taken perpendicular to the longitudinal axis of the elongate core member, and a polymer jacket disposed over the core member as currently claimed in claim 1. As evidenced in Dobak, the inner tube 42 is a tubular member not having a solid cross-section taken perpendicular to the longitudinal axis of the inner tube 42. In fact, if the inner tube 42 were to have a solid cross-section, the device disclosed in Dobak would become inoperable for its intended purpose. Namely, as evidenced by the arrows in Figure 3 of Dobak, the inner tube 42 requires an inner lumen 40 such that "a working fluid such as saline or other aqueous solution may be circulated through the heat transfer element 14." See Dobak, column 10, line 67 through column 11, lines 10.

For at least these reasons, Dobak fails to anticipate claim 1. Claim 1 as well as claims 2-5, which depend from claim 1 and include addition significant limitations, are believed to be in condition for allowance. Withdrawal of the rejection of these claims is respectfully requested.

Claim 6 recites:

An intravascular guidewire, comprising:

an elongate core member having a proximal end region and a distal end region, the distal end region having a solid cross-section taken perpendicular to a longitudinal axis of the elongate core member;

a polymer jacket disposed over the distal end region of the core member, the polymer jacket having a textured outer surface; and

wherein the textured outer surface is defined by a helical channel formed in the outer surface of the polymer jacket.

Applicants respectfully assert Dobak fails to anticipate this claim. Namely, as indicated above, Dobak fails to teach an elongate core member having a solid cross-section taken perpendicular to the longitudinal axis of the elongate core member, and a polymer jacket disposed over the core member as currently claimed in claim 6.

For at least the reasons stated above, Dobak fails to anticipate claim 6. Claim 6 as well as claims 7-11, which depend from claim 6 and include addition significant limitations, are believed to be in condition for allowance. Withdrawal of the rejection of these claims is respectfully requested.

Claim 33 recites:

A medical guidewire, comprising:

a solid, non-hollow elongate core member having a proximal region and a distal region;

a polymer jacket disposed over the distal region of the elongate core member, the polymer jacket having an outer surface, wherein a helical channel is formed in the outer surface of the polymer jacket; and

a coating disposed over the polymer jacket.

Applicants respectfully assert Dobak fails to anticipate this claim. At no point does Dobak teach a medical guidewire including a non-hollow elongate core member with a polymer jacket disposed over the distal region of the elongate core member. As evidenced in Dobak, the inner tube 42 is a tubular member and not a solid elongate core member as currently claimed.

For at least these reasons, Dobak fails to anticipate claim 33. Claim 33 as well as claim 34, which depends from claim 33 and includes addition significant limitations, are believed to be in condition for allowance. Favorable consideration is respectfully requested.

Appl. No. 10/699,312 Amdt. dated August 7, 2007 Reply to Office Action of May 7, 2007

Claim 35 recites:

A medical guidewire comprising:

an elongate core member having a proximal region and a distal region, the distal region of the elongate core member including a tapered diameter portion; and

a polymer jacket disposed over at least a portion of the tapered diameter portion of the distal region of the elongate core member;

wherein the polymer jacket has a textured outer surface defined by a helical groove formed in the outer surface of the polymer jacket.

Applicants respectfully assert Dobak fails to anticipate this claim. Namely, at no point does Dobak disclose a polymer jacket disposed over a tapered diameter portion of an elongate core member as currently claimed in claim 35.

For at least these reasons, Dobak fails to anticipate claim 35. Claim 35 as well as claims 36-38, which depend from claim 35 and include addition significant limitations, is believed to be in condition for allowance. Favorable consideration is respectfully requested.

Reexamination and reconsideration are respectfully requested. It is submitted that all pending claims are currently in condition for allowance. Issuance of a Notice of Allowance in due course is anticipated. If a telephone conference might be of assistance, please contact the undersigned attorney at 612.677.9050.

Respectfully submitted,

Brian R. Reynolds et al.

By their Attorney,

Date: 8/7/07

David M. Crompton, Reg. No. 34,772

CROMPTON, SEAGER & TULTE, LLC

1221 Nicollet Avenue, Suite 800 Minneapolis, MN 55403-2420

Tel: (612) 677-9050 Fax: (612) 359-9349